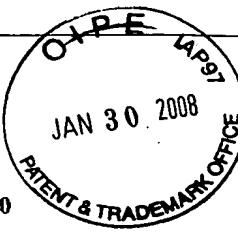


**PART B - FEE(S) TRANSMITTAL**



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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7590 12/13/2007

Martin D. Moynihan  
PRTSI, Inc.  
P. O. Box 16446  
Arlington, VA 22215

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/750,909	01/05/2004	Avraham Levy	27282	5381

TITLE OF INVENTION: METHOD FOR LARGE SCALE MUTAGENESIS IN TOMATO PLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUB	PUBLICATION FEE DUB	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUB	DATE DUB
nonprovisional	YES	\$720	\$300	\$0	\$1020	03/13/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
IBRAHIM, MEDINA AHMED	1638	800-276000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

A) Yeda Research And Development Co. Ltd.

A) Rechovot, Israel

B) Yissum Research Development Company of the Hebrew University of Jerusalem

B) Jerusalem, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
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<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>50-1407</u> (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Martin D. Moynihan  
Typed or printed name Martin D. Moynihan

Date January 29, 2008  
01/31/2008 SZEWDIE 00000050 501407 10750909  
Registration No. 40,338  
01 FC 2501 720 00 DA

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